

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 3-12-04.

The IRO reviewed office visits, joint mobilization, myofascial release, therapeutic exercises, electrical stimulation (unattended), neuromuscular re-education, chiropractic manipulations, and manual therapy from 3-13-03 to 10-27-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 6-23-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the medical fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Code 99080-73 was billed on 4-14-03 and 6-9-03 and denied as unnecessary medical. The TWCC-73 is a required report and not subject to an IRO Review. Per Rule 129.5 (d)(2), "the doctor shall file a Work Status Report when the injured employee experiences a change in work status or a substantial change in activity restrictions." Review of the TWCC-73 indicated a change in the injured worker's work status. Therefore, the requestor is entitled to reimbursement.

- Code 99080-73 – Per Rule 129.5, the MAR is \$15.00. Recommend reimbursement of \$15.00 x 2 days = \$30.00.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of

receipt of this order. This Order is applicable for dates of service 4-14-03 and 6-9-03 in this dispute.

This Order is hereby issued this 6th day of October 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

June 1, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-2120-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The documentation presented states that ___ is a 27-year-old Hispanic male who was injured on ___ as a result of turning a 30# metal platform. He was examined by Dr. V on 08/15/02. Radiographs taken revealed a spondylolysis and pars defect at L5. The documentation presented

states that this patient was treated with active and passive modalities for his work-related injury. He was then referred for an MRI on 07/11/02 that revealed mild degenerative changes at the L4/5 and L5/S1 levels with no disc herniation or nerve root involvement. The patient continued treatment and displayed symptomatic relief through 12/23/02 with Dr. V ____ was sent for an IME with Dr. S on 03/17/03 and was found to be at MMI with a 9% whole person impairment rating. Dr. S also stated that this patient was capable of full duty.

DISPUTED SERVICES

Under dispute is the medical necessity of office visits, joint mobilization, myofascial release, therapeutic exercises, electrical stimulation (unattended), neuromuscular re-education, CMT 3-4 regions and manual therapy tech for dates of service 03/13/03 through 10/27/03.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The Ziroc reviewer finds no medical necessity of treatment and services provided to this patient during the disputed dates of service. There is nothing in present periodicals to support the need for continued care at this frequency and intensity (9-16 months) post-injury for pathology in the low back of this complexity. This patient could have been assessed a home program. The patient's objective findings and FCE results were taken into account in this review. Neither the patient's objective findings nor the FCE results supported the need for continued care at this intensity level and frequency.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,